

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) USPA-0030
RECEIVED CENTRAL FAX CENTER		
In re Application of : Murphy, Joy Viren		
Application Number: 10,667,716		Filed: 09/22/2003
For: Portable Travel Grip		OCT 11 2005
Art Unit: 3632		Examiner: Anita M. King

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small entity are as follows (check time period desired):

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> xx | One month (37 CFR 1.17(a)(1)) | \$ <u>120.00</u> |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(1)) | \$ _____ |
| <input type="checkbox"/> | Three months (37 CFR 1.17(a)(1)) | 10/12/2005 TL0111 \$ _____ 0000044-10667716 |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(1)) | 01 FC:2251 \$ _____ 60.00 QP |
| <input type="checkbox"/> | Five month (37 CFR 1.17(a)(1)) | \$ _____ |
| <input type="checkbox"/> | Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: <u>\$60.00</u> . | |
| <input type="checkbox"/> | A check in the amount of the fee is enclosed. | |
| <input checked="" type="checkbox"/> xx | Payment by credit card. Form P-2038 is attached. | |
| <input type="checkbox"/> | The Director has already been authorized to charge fees in this application to a Deposit Account. | |
| <input type="checkbox"/> | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____. | |

I have enclosed a duplicate copy of this sheet.

- I am the
- | | |
|---------------------------------------|---|
| <input type="checkbox"/> | applicant/inventor. |
| <input type="checkbox"/> | assignee of record of the entire interest. See 37 CFR 3.71. |
| <input type="checkbox"/> | Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96) |
| <input checked="" type="checkbox"/> x | attorney or agent of record. |
| <input type="checkbox"/> | attorney or agent under 37 CFR 1.34(a) |

Registration number if acting under 37 CFR 1.34(a) #50,644

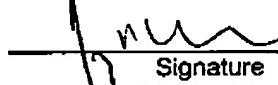
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

October 11, 2005

Date

563-441-0207

Telephone Number



Signature

Jay R. Hamilton

Typed or printed name

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

1 Total of 1 forms are submitted.